

Oregon POLST Registry Quick Submission Reference:

Completed POLST Forms

✓ Confirm required fields are complete and legible and consistent

–First and Last Name

–Provider Signature

–Date of Birth

–Date Signed

–At least one order selection is completed* (example: In section B ‘Limited Intervention’ is checked)

**The Registry cannot accept forms marked Attempt CPR & Comfort Measures Only*

✓ Confirm the patient has not “opted-out”

-If the “opt-out” box (forms 2011 and newer) is checked the form should not be sent to the Registry

✓ Inclusion of address information for the patient is **HIGHLY** recommended

✓ Send to the Registry:

-Copies of the **front and back** sides of the POLST form

-Cover sheet to identify your institution

Fax: 503-418-2161

Mail: 3181 SW Sam Jackson Park Rd, Mail Code: BTE234, Portland, OR 97239

Oregon POLST Registry Quick Submission Reference:

Completed POLST Forms

✓ Confirm required fields are complete and legible and consistent

–First and Last Name

–Provider Signature

–Date of Birth

–Date Signed

–At least one order selection is completed* (example: In section B ‘Limited Intervention’ is checked)

**The Registry cannot accept forms marked Attempt CPR & Comfort Measures Only*

✓ Confirm the patient has not “opted-out”

-If the “opt-out” box (forms 2011 and newer) is checked the form should not be sent to the Registry

✓ Inclusion of address information for the patient is **HIGHLY** recommended

✓ Send to the Registry:

-Copies of the **front and back** sides of the POLST form

-Cover sheet to identify your institution

Fax: 503-418-2161

Mail: 3181 SW Sam Jackson Park Rd, Mail Code: BTE234, Portland, OR 97239